

# 497 Contribution Report

Amounts may be rounded to whole dollars.

|  |                             |                     |   |  |  |
|--|-----------------------------|---------------------|---|--|--|
| NAME OF FILER<br>Michael Perciful for Hemet City Council, 2020                                     |                             |                     | Date of This Filing <u>08/21/2020</u>                                     | Date Stamp<br><div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="color: blue; font-weight: bold; margin: 5px 0;">AUG 24 2020</div> <div style="font-style: italic;">City Clerk's Office<br/>City of Hemet</div> | <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">CALIFORNIA FORM 497</div> For Official Use Only |
| AREA CODE/PHONE NUMBER<br><div style="background-color: black; width: 150px; height: 20px;"></div> | I.D. NUMBER (if applicable) | Report No. <u>1</u> |   |  |  |
| STREET ADDRESS<br>2888 E. Florida Ave., Ste 1  |                             |                     | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |  |  |
| CITY<br>Hemet  | STATE<br>CA                 | ZIP CODE<br>912544  | No. of Pages <u>1</u>   |  |  |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE*   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED   |
|---------------|---|---|---|---|
| 08/21/2020    | Hemet Fire Fighters Association PAC<br>P.O. Box 1407<br>Hemet, CA 92546                         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$5000<br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate           |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate           |

### \* Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_